1	2	3a PAT. CNTL. #	12345678	4 TYPE OF BILL
Home Nursing Services 1234 Health Care Dr. Dallas, Texas 75235		b. MED. REC. #	123456	0321
		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM / THROUGH	7
		012345678	01/01/2016 / 01/05/2016	Replacment of a Prior Claim

8 PATIENT NAME		9 PATIENT ADDRESS	
a Doe, John		a 5632 First Street Plano, TX 75093	
b		b	c d e

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
02141949	M	01012016	07				01													

	31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37	
a																a
b																b

38		39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
	a						
	b						
	c						
	d						

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49	
1									1
2									2
3	550	Skilled Nursing Visit	C-G0299	01012016	1	50 00			3
4									4
5	550	Skilled Nursing Visit (PRN)	C-G0299	01012016	1	50 00			5
6									6
7	570	Home Health Aide	C-G0156	01012016	1	40 00			7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23		PAGE ____ OF ____	CREATION DATE		TOTALS	140 00			23

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1324658709	
A	All Health Insurance						57		A
B	Medicaid						OTHER	9876543-21	B
C							PRV ID		C

	58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.	
A	Doe, Jane	S	123456789	All Mart Corp.	G1234	A
B						B
C	Doe, John		123456789			C

	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME	
A	1234567890		All Mart Corp.	A
B			25000 Hwy. 6, Dallas, TX	B
C			75474	C

66 DX	67	A	B	C	D	E	F	G	H	68
E119										
0	I	J	K	L	M	N	O	P	Q	

69 ADMIT DX	70 PATIENT REASON DX				71 PPS CODE	72 ECI			73
Z933	a	b	c			a	b	c	

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75

c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE

76 ATTENDING	NPI 1234567890	QUAL
LAST Smith	FIRST John	
77 OPERATING	NPI	QUAL
LAST	FIRST	
78 OTHER	NPI	QUAL
LAST	FIRST	
79 OTHER	NPI	QUAL
LAST	FIRST	

80 REMARKS	81CC		
E119 Colostomy - After Surgery	a	Taxonomy	
	b		
	c		
	d		